

CRAVEN COUNTY RECREATION AND PARKS DEPARTMENT  
406 Craven Street  
New Bern, NC 28560  
(252) 636-6606

Vanceboro Youth Basketball Participation Form

Athlete Information

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age(as of Dec. 31) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address of Player \_\_\_\_\_  
Street City Zip

School \_\_\_\_\_ Grade \_\_\_\_\_

Did you play last year? \_\_\_\_\_ If so, what team? \_\_\_\_\_

Circle T-shirt Size:    YM    YL    AS    AM    AL    AXL

Parent Information

Parent's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Are you interested in being a volunteer coach? \_\_\_\_\_ Yes    \_\_\_\_\_ No

- Registration fee is \$40 and is non-refundable-due at time of registration
- Each additional family member-\$35 registration fee
- Make checks payable to Craven County Recreation Dept.
- Most practices and games will be held at Vanceboro Farm Life Elementary
- Participants will receive a team t-shirt
- Trophies will be awarded at the end of the season

**Parental Permission**

As parent or legal guardian of \_\_\_\_\_, I hereby give my permission for him/her to play and practice basketball. I will not hold Craven County Recreation and Parks Department, Craven County Board of Commissioners, Craven County, Craven County Schools, Principals, Coaches, Recreation Staff or volunteers responsible in case of injury during practice or games. I also grant permission for treatment deemed necessary for condition arising from participation in these activities, including medical, dental or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Birth Certificate Verification \_\_\_\_\_ Fee Paid \_\_\_\_\_ Date Paid \_\_\_\_\_